

# **INVERTEBRATE ZOOLOGY**

**Dates:** July 16-20, 2007

**Location:** Weber State University with field trips

**Credit:** USOE or 3 semester hours (MEDUC 6660/ Invertebrate Zoology)

**Instructor:** Dr. John Mull

**Instructor Contact Information:** Dr. Mull (jmull@weber.edu)

**Registration Fee and Deposit:** \$275 registration fee; \$40 deposit payable to WSU

**Send registration form and deposit to:**

Dr. Sharon Ohlhorst  
Center for Science and Mathematics Education  
Weber State University  
2509 University Circle  
Ogden, UT 84408-2509  
(801-626-6160); [csme@weber.edu](mailto:csme@weber.edu)

**Registration Contact Information:**

Dr. Sharon Ohlhorst or Jodie Kempton : [csme@weber.edu](mailto:csme@weber.edu); 801-626-6160

**Course Description:**

We will spend the week exploring a variety of aquatic and terrestrial habitats of Northern Utah in search of their diverse and abundant invertebrates. Our excursions will take us to the subalpine meadows and forests of the Wasatch Range, the Great Salt Lake and its adjacent marshes, and the Great Basin Desert. Participants will learn about the biology and identification of common invertebrate groups. They will also learn to use these animals with their students to explore the scientific process and demonstrate basic scientific concepts and principles. There will be several day trips originating from the Weber State University campus.



# 2007 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_  
\_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
*Principal*

☐ **DISTRICT** \_\_\_\_\_  
*District Representative*

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
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*Return this completed registration form and your refundable deposit check to the workshop contact listed above.*

**A separate registration form must be submitted for each workshop you plan to attend.**